

215037919
60667

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 038	Agency Case No. B5-086337	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 1535	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1558	Amended	
B	85	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. Orchard N52 to N53	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	09/17/2015
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	10	NAME OF INTERSECTING ROADWAY				
V2/M		15.00				
E	2	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
F	1	MILES				
V1/N	1	N S E W AND MILES				
V2/N		N S E W OF NEAREST CITY OR TOWN				
G	2	R. WORK ZONE CODES R1 R2 R3 R4 S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b				
H	5	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
I	1	VEHICLE NO. 1				
J	01	DRIVER LICENSE NO. G02190059				
K	01	STATE (Of License) NE SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE				
L	01	DRIVER REGINALD R PEAK				
M	01	PHONE 402-432-3445				
N	01	LOCAL NO.				
O	01	DRIVER ADDRESS 1301 N 54TH ST, LINCOLN, NE 68504				
P	01	CITY, STATE, ZIP				
Q	01	DATE OF BIRTH (MM / DD / YYYY) 09/17/1962				
R	01	LOCAL NO.				
S	01	OWNER REGINALD R PEAK				
T	01	PHONE 402-432-3445				
U	01	LOCAL NO.				
V	01	OWNER ADDRESS 1301 N 54 Street, Lincoln, NE 68504				
W	01	CITY, STATE, ZIP				
X	01	CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO				
Y	01	CITATION NO. LB482516				
Z	01	LICENSE PLATE TE NO. TWV764				
AA	01	YEAR (Plate Expires) 2016				
AB	01	STATE (Of Plate) NE				
AC	01	VEHICLE 2000				
AD	01	MAKE Chevrolet				
AE	01	MODEL K1500				
AF	01	BODY STYLE Pickup truck				
AG	01	COLOR black				
AH	01	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 25				
AI	01	VEHICLE ID NO. (VIN) 2GCEK19T3Y1311022				
AJ	01	INSURANCE COMPANY None				
AK	01	TOWED TO				
AL	01	TOWED BY				
AM	01	POLICY NO.				
AN	01	VEHICLE NO. 2				
AO	01	DRIVER LICENSE NO.				
AP	01	STATE (Of License)				
AQ	01	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE				
AR	01	DRIVER				
AS	01	PHONE				
AT	01	LOCAL NO.				
AU	01	DRIVER ADDRESS				
AV	01	CITY, STATE, ZIP				
AW	01	DATE OF BIRTH (MM / DD / YYYY)				
AX	01	LOCAL NO.				
AY	01	OWNER				
AZ	01	PHONE				
BA	01	LOCAL NO.				
BB	01	OWNER ADDRESS				
BC	01	CITY, STATE, ZIP				
BD	01	CITATION <input type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO				
BE	01	CITATION NO.				
BF	01	LICENSE PLATE NO.				
BG	01	YEAR (Plate Expires)				
BH	01	STATE (Of Plate)				
BI	01	VEHICLE				
BJ	01	YEAR				
BK	01	MAKE				
BL	01	MODEL				
BM	01	BODY STYLE				
BN	01	COLOR				
BO	01	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$				
BP	01	VEHICLE ID NO. (VIN)				
BQ	01	INSURANCE COMPANY				
BR	01	TOWED TO				
BS	01	TOWED BY				
BT	01	POLICY NO.				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	6 Injury Sev.	7 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	8 Injury Sev.	9 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	10 Injury Sev.	11 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	12 Injury Sev.	13 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	14 Injury Sev.	15 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	16 Injury Sev.	17 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	18 Injury Sev.	19 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	20 Injury Sev.	21 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	22 Injury Sev.	23 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	24 Injury Sev.	25 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	26 Injury Sev.	27 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	28 Injury Sev.	29 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	30 Injury Sev.	31 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	32 Injury Sev.	33 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	34 Injury Sev.	35 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	36 Injury Sev.	37 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	38 Injury Sev.	39 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	40 Injury Sev.	41 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	42 Injury Sev.	43 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	44 Injury Sev.	45 Trans.	SEX M F
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VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	48 Injury Sev.	49 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	50 Injury Sev.	51 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	52 Injury Sev.	53 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	54 Injury Sev.	55 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	56 Injury Sev.	57 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	58 Injury Sev.	59 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	60 Injury Sev.	61 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	62 Injury Sev.	63 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	64 Injury Sev.	65 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	66 Injury Sev.	67 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	68 Injury Sev.	69 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	70 Injury Sev.	71 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	72 Injury Sev.	73 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	74 Injury Sev.	75 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	76 Injury Sev.	77 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	78 Injury Sev.	79 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	80 Injury Sev.	81 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	82 Injury Sev.	83 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	84 Injury Sev.	85 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	86 Injury Sev.	87 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	88 Injury Sev.	89 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	90 Injury Sev.	91 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	92 Injury Sev.	93 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	94 Injury Sev.	95 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	96 Injury Sev.	97 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	98 Injury Sev.	99 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	100 Injury Sev.	101 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	102 Injury Sev.	103 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	104 Injury Sev.	105 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	106 Injury Sev.	107 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	108 Injury Sev.	109 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	110 Injury Sev.	111 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	112 Injury Sev.	113 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	114 Injury Sev.	115 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	116 Injury Sev.	117 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	118 Injury Sev.	119 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	120 Injury Sev.	121 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	122 Injury Sev.	123 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	124 Injury Sev.	125 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	126 Injury Sev.	127 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	128 Injury Sev.	129 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	130 Injury Sev.	131 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	132 Injury Sev.	133 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	134 Injury Sev.	135 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	136 Injury Sev.	137 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	138 Injury Sev.	139 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	140 Injury Sev.	141 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	142 Injury Sev.	143 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	144 Injury Sev.	145 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	146 Injury Sev.	147 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	148 Injury Sev.	149 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	150 Injury Sev.	151 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	152 Injury Sev.	153 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	154 Injury Sev.	155 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	156 Injury Sev.	157 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	158 Injury Sev.	159 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	160 Injury Sev.	161 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	162 Injury Sev.	163 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	164 Injury Sev.	165 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	166 Injury Sev.	167 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	168 Injury Sev.	169 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	170 Injury Sev.	171 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	172 Injury Sev.	173 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	174 Injury Sev.	175 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	176 Injury Sev.	177 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	178 Injury Sev.	179 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	180 Injury Sev.	181 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	182 Injury Sev.	183 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	184 Injury Sev.	185 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	186 Injury Sev.	187 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	188 Injury Sev.	189 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	190 Injury Sev.	191 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	192 Injury Sev.	193 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	194 Injury Sev.	195 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	196 Injury Sev.	197 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	198 Injury Sev.	199 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	200 Injury Sev.	201 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	202 Injury Sev.	203 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	204 Injury Sev.	205 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	206 Injury Sev.	207 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	208 Injury Sev.	209 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	210 Injury Sev.	211 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	212 Injury Sev.	213 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	214 Injury Sev.	215 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	216 Injury Sev.	217 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	218 Injury Sev.	219 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	220 Injury Sev.	221 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	222 Injury Sev.	223 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	224 Injury Sev.	225 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	226 Injury Sev.	227 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	228 Injury Sev.	229 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	230 Injury Sev.	231 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	232 Injury Sev.	233 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	234 Injury Sev.	235 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	236 Injury Sev.	237 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	238 Injury Sev.	239 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	240 Injury Sev.	241 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	242 Injury Sev.	243 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	244 Injury Sev.	245 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	246 Injury Sev.	247 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	248 Injury Sev.	249 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	250 Injury Sev.	251 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	252 Injury Sev.	253 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	254 Injury Sev.	255 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	256 Injury Sev.	257 Trans.	SEX

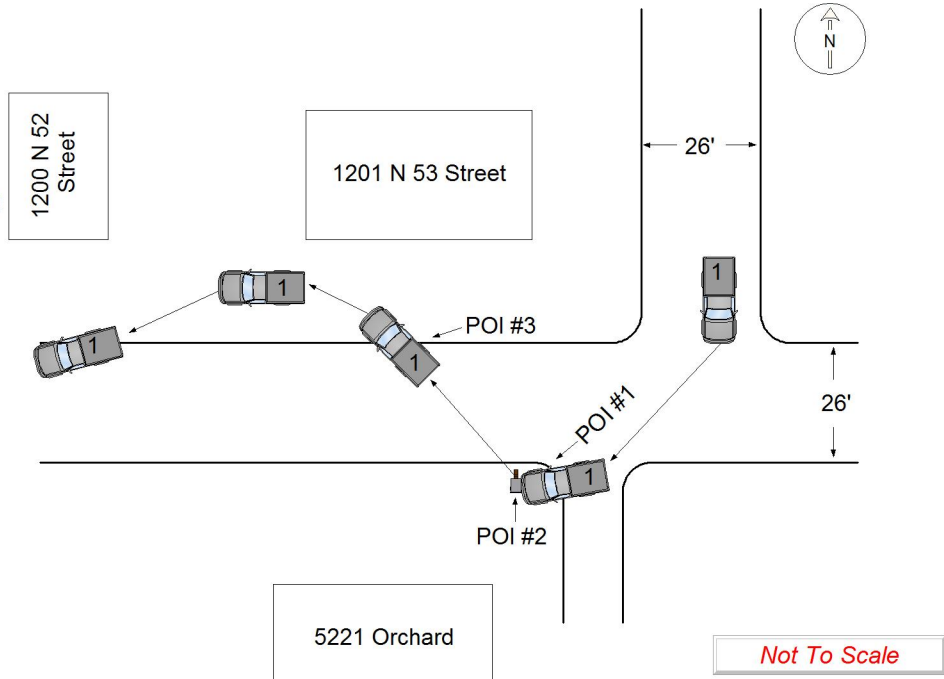
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-086337



POI #1: V1 left roadway
0' W of W Curb of N53 Street
0' S of S curb of Orchard
POI #2: V1 vs Mailbox
15'11" W of W N 53 Street
1'9" S of S Curb of Orchard
POI#3: V1 vs Curb
42'6" W of W Curb of N53 Street
0' N of N Curb of Orchard
Street width estimate
No skids



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

The witness reported vehicle one was going Southbound on N53 Street turning West onto Orchard, left the roadway to the South, impacted a mailbox, turned back across orchard, went over the North curb and drove through the yards until he reentered Orchard Street and continued Westbound leaving the scene. The witness said he last saw vehicle one in the 1300 block of N54 Street. Vehicle one was located being driven in the 1300 block of N54 Street. I contacted the driver of vehicle one just after he parked and was exiting the vehicle. The driver of vehicle one was found to be intoxicated and uncooperative.

PROPERTY	OBJECT DAMAGED Mailbox, Post and c	OWNER NAME gary A Oenbring	ADDRESS 5221 Orchard, Lincoln, NE 68504	PHONE 402-416-0643	APPROX. COST OF DAMAGE \$ 200
	OBJECT DAMAGED Grass	OWNER NAME Julie K Wiedeman	ADDRESS 1120 N 40 Street, Lincoln, NE 68503	PHONE 402-464-5105	APPROX. COST OF DAMAGE \$ 25
WITNESSES	NAME James T Richardson	ADDRESS 1230 N 53 Street, Lincoln, NE 68504	PHONE 402-480-4049		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEH 1				VEH 2			
1		X			N53 Street				4				9			
2																
1	05				06 Turning left				POINT OF IMPACT		01		POINT OF IMPACT			
2					07 Making U-turn				MOST DAMAGED AREA		01		MOST DAMAGED AREA			
				08 Entering traffic lane												
				09 Leaving traffic lane												
				10 Parked												
				11 Slowing or stopped in traffic												
				12 Other												
				13 Unknown												
OFFICER NO. 1517				TROOP/TEAM/BEAT 2				DEPARTMENT Lincoln Police Department				Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
INVESTIGATOR NAME (Print or Type) David Wunderlich				INVESTIGATOR SIGNATURE Approved by Officer David Wunderlich				DATE OF REPORT 09/17/2015								